

Pediatric Treatment Summary

To: (Insert provider / practice name here)

Re: (Insert patient name and DOB here)

Your patient has been examined and treated in our office. Please see attached exam notes including prognosis and treatment plan. Our doctors are trained and/or certified by the Academy Council of Chiropractic Pediatrics (CACCP).

Our office uses an evidence-based approach to chiropractic, soft tissue, acupuncture and massage care. We thoroughly evaluate, diagnose, and treat each patient as an individual. We value our referring physicians very much and appreciate open dialogue for the best interest of our patients.

For more information on our office, including research, please visit www.washparkchiro.com. Please email or call with any questions or if you need more information.

Sincerely,

Dr. Lisa Goodman, DC, CCSP, CACCP
lgoodman@washparkchiro.com

